22nd February 1992
Page, Ariz 86040
Rudy Santana

To Whom It May Concern:

My name Is Rudy Santana and I live In Page, Ariz where I have lived for the past twenty one years.

I have enclosed a photo copy of the Death Certificate of then President Kennedy.

I have the orgininal one put In a safe deposit box In Kingman, Ariz It has been there since I got the original one.

The Death Certificate came Into my possession by my friend Wayne Kirkland who was working at Parkland Memorial Hospital and when the President was killed, he was on duty and followed the whole duty until the time came to make the Death Certificate he made two copies - one which he kept himself

He called me and wanted me to meet him at Las Vegas, Nevada which I did. He handed me the Certi
and told me to hang on to It for use

a later day.
He said that someday we would be able to sell it for a profit
My ~~fried~~ friend was killed in a car accident ten years ago and so the certificate is my sole possession
This letter to you is to see if now that there is so much talk going on and articles written on the death of the President, if this piece of paper could be of some use to someone. I'm not asking for much, just enough to make the wait worth while.

I hope to hear from you on this matter soon.

Sincerely
Rudy Santana

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

NONRESIDENT

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
c. LENGTH OF STAY (in this): 2 Hrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Parkland Memorial
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: District of Columbia
b. COUNTY:
c. CITY OR TOWN (If outside city limits, give precinct no.): Washington
d. STREET ADDRESS (If rural, give location): 600 Pennsylvania Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): (a) First: John (b) Middle: Fitzgerald (c) Last: Kennedy
4. DATE OF DEATH: November 22, 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 29, 1917
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President of the U.S.
10b. KIND OF BUSINESS OR INDUSTRY: United States Govt.
11. BIRTHPLACE (State or foreign country): Brookline, Mass.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Joseph P. Kennedy
14. MOTHER'S MAIDEN NAME: Rose Fitzgerald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Evelyn Lincoln

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Multiple gunshot wounds of the head & neck.
INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. [illegible] SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCI[illegible] ☐ [illegible]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Shot by a high powered rifle
20c. [illegible] 12[illegible]
20d. INJURY [illegible] (e.g., in or about home, farm, factory, [illegible]): [illegible]m St. Dallas, Tex
20f. CITY, TOWN, OR LOCATION: Dallas COUNTY: Dallas STATE: Texas
21. I [illegible] 19___ to ___ 19___ and last saw the deceased alive [illegible] 19 63 Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Theran Ward (Degree or title): J.P.
22b. ADDRESS: 305 N. 5th St. - Garland, Texas
22c. DATE SIGNED: 12-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-22-63
23c. NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
23d. LOCATION (City, town, or county) (State): Washington, D.C.
24. FUNERAL DIRECTOR'S SIGNATURE: O'Neal Inc. V B O'Neal
25a. REGISTRAR'S FILE NO.: 6820
25b. DATE REC'D BY LOCAL REGISTRAR: Dec. 11, 1963
25c. REGISTRAR'S SIGNATURE: J W Bass BY Maurine Lamon Acting Registrar

VS-112 REV. 1/58

DALLAS, TEXAS Nov. 16 19 64

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH CERTIFICATE OF ONE John Fitzgerald Kennedy AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS.

J. W. Bass

BY Maurine Lamon
ACTING CITY REGISTRAR OF VITAL STATISTICS
DALLAS, TEX.

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